



PO Box 250 • KINGSTON, WA 98346
FOOD BANK & THRIFT STORE LOCATION:
2606 | UNITED RD. NE, STE. A
360 / 297-2266
SHARENETFOODBANK.ORG
SHARENETDIRECTOR@CENTURYTEL.NET

Dear Applicant:

We appreciate your interest in volunteering for ShareNet. If you want to assist local residents in crisis, we are a great place to volunteer. Our volunteers appreciate the difference they make in the community through their work here, and we appreciate their help!

Please review the application thoroughly before submitting. To ensure the safety of our workplace and those we serve, a Washington State Criminal Background check is performed on every person who submits a volunteer application. We will need a copy of your picture id in order to process your application. After an approved background check is received, we will contact your references and compare your availability to our current needs for a match. After these steps are complete, we will contact you as soon as possible.

Disqualifying events (in any degree) include: assault, burglary, theft, forgery, extortion, embezzlement, sex crimes, kidnapping, and murder. Other events may be considered on a case by case basis after 7 years clearance from the conviction date. In every case, application approval is at the sole discretion of ShareNet staff and decisions are considered final.

We ask that you understand these steps are necessary for healthy operations, and that you not submit an application if you have disqualifying events as each application requires administrative time and cost.

Sincerely,

Mark Ince
Executive Director



ShareNet Volunteer Application Form

TS ____ FB ____ Either ____

Please **PRINT CLEARLY**

Today's Date: _____

First Name _____ Last Name _____

Street Address _____ PO Box, if any _____

City, State & Zip _____

Home Phone () _____ Alternate Phone () _____

Email Address _____

Availability: Check the days and hours that you are available for volunteer assignments.

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Saturday mornings
- Saturday afternoons
- Saturday evenings
- Other _____

Area of Interest: Tell us what you would enjoy doing.

- Administration
- Computer work
- Food Bank
- Thrift Shop
- Fundraising
- Food or item pick up
- Newsletter help
- Summer meal program
- Website assistance
- Fall school supplies
- Christmas gift shop
- Retail experience/pricing/merchandising

When would you be available to attend Volunteer Orientation? Please specify days and time.

Special Skills: Tell us about special abilities from experience, volunteering, or employment you think might be helpful at ShareNet

Previous Volunteer Experience: Summarize any previous volunteer experience – *where* and *what* you did.



Our Policy

Thank you for your interest in volunteering at ShareNet. We appreciate your desire to work together with us!

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I authorize ShareNet to perform a background check through the WATCH Program (Washington Access to Criminal History).

Printed Name: First: _____ Middle Initial: _____ Last: _____
 Date of Birth: Month: _____ Day: _____ Year: _____ Female Male
 Signature: _____ Date: _____

Please provide three references of people you have known in various capacities: employment supervisor, co-worker, volunteer, etc.

Name _____	Relationship _____
How long have you known them? _____	Phone Number _____
Name _____	Relationship _____
How long have you known them? _____	Phone Number _____
Name _____	Relationship _____
How long have you known them? _____	Phone Number _____

In Case of Emergency: Please indicate who we should notify in case of an emergency.

First Name _____ Last Name _____ Relationship _____
 Street Address _____ P.O. Box, if any _____
 City, State & Zip _____
 Home Phone () _____ Alternate Phone () _____
 Email Address _____